|                           | LOCAL  | RAFFIC CRASH  |                                       |                       |                                   |                         | OH-1 (Rev. 1-82)                |   | •   |  |   |  |                                    |  |
|---------------------------|--|---|---------------------------------------|-----------------------|-----------------------------------|-------------------------|---------------------------------|---|---|--|---|--|------------------------------------|--|
|                           | REPORT N                                     | 0.  | B SH-23 L                             | ebanor                | n Poli                            | се                      | 08303                           | 00  | QDH:  | S USE ONLY - 0   | 0 NOT MAI                               | RK ABOVE   | 500                                |  |
|                           | REPORT TAKEN                                 |   | OF VEH<br>ESTRIANS 2                  | CRASH SEVE            | MOST SEVERE) PROPERTY DAMAGE ONLY |                         |                                 | COMBINE   |   | 50   | HIT SKIP SOLVED                         |  |                                    |  |
|                           | IN COUN                                      | AT SCENE INVO   |                                       | FATAL                 | LINURY<br>BANON                   |                         | PERTY DAMA                      | GE ONLY   | ATE OF CRAS   |  |   | IE: MILITARY   | LVED 2                             |  |
|                           | CRASH OC                                     | CURRED ON VMC   | A'S P.C.                              |                       | DANOI                             | <u> </u>                | WITHIN T                        | HE INTE   | T 11 D 9 12   |  |   | 1922   | _                                  |  |
|                           | IF NOT IN I                                  | IF NOT IN INTERSECTION  N  (LIST NEAREST INTERSECTION STREET, MILEPOST, HOUSE NO. CITY CODE  MILES 360 FEET  OF  Description  A 2 02                      |                                       |                       |                                   |                         |                                 |   |   |  |   |  |                                    |  |
|                           | LOG-1  | LOG-2   | Per Fil                               | eerfield Rd.          |                                   |                         |                                 |   | 8303  |  |   |  |                                    |  |
|                           | UNIT   | , NO OF   | T                                     | OBERATING             | 247/52                            |                         | 111                             |   |   | Li   | 100000000000000000000000000000000000000 | 1 4  |                                    |  |
|                           | A NO.  | DESTRIAN NAME (LAS  | PANTS                                 | OPERATING             | PARKED                            | DRIVER                  |                                 | <b>X</b>  | NON CONTA   | OR AGENT   | co                                      |  |                                    |  |
|                           |  | PHONE NO. BIRTH DATE AGE SEX SOCIAL SECURITY NO STATE DRIVER'S LICENSE NO LOCKUPATION   |                                       |                       |                                   |                         |                                 |   |   |  |   |  |                                    |  |
|                           | PHONE NO                                     |   | DATE AGE SEX SOCIAL SECURI            |                       |                                   | ITY NO.                 | TY NO.                          |   | STATE DRIVER'S LICENS   |  | SE NO. OCCUPATION                       |  |                                    |  |
| N                         | OWNER (IF                                    | SAME AS DRIVER, WR  | ITE SAME)                             |                       | ADDRESS                           |                         |                                 |   |   |  | PH                                      | HONE   |                                    |  |
| SECTION                   | VEH YR                                       | MAKE  | MODEL                                 | · · · · ·             | COLOR                             | STYLE                   | STATE                           | LICENSE   | E PLATE NO.   | TOWING   | SERVICE                                 | VEH/F  | ED DIR                             |  |
|                           |  |   | 4_                                    | DA                    | MAGE SEVE                         | RITY                    | DAMAGE SO                       | CALE  | TVE   | EHICLE DISPOSITI   | ON I                                    | FROM   | то                                 |  |
| EHIC                      | AREAS  | , (-(1)   | 9 TOP<br>10 UNDER CAR                 |                       |                                   | NCTIONAL                | CTIONAL     NONE                |   | DDERATE   | DRIVEN AWA   | Y                                       | NO FIRE  |                                    |  |
| >-N                       | JUNIT  | INO OF  | 12 TRAILER                            |                       | _                                 | FUNCTIONAL<br>DISABLING |                                 | LIGHT L HE  |   | TOWED  |   | OTHER F  | TO CRASH                           |  |
| STRI                      | 8 NO.  | Z NO OF OCCUP, DESTRIAN NAME (LAST  | X                                     |                       |                                   | ATE, ZIP CODI           | OR AGENT                        | O. Nat  | ionwide   | ns.Co.   |   |  |                                    |  |
| EDE                       | DUONENO                                      |   |                                       |                       |                                   |                         |                                 | on r, on  | ATE, ZIP (ODI   |  |   |  |                                    |  |
| DRIVER-PEDESTRIAN-VEHICLE | PHONE NO.                                    |   | BIRTHDAT                              | E AGE                 | SEX SOCIA                         | L SECURIT               | Y NO.                           |   | STATE   | DRIVER'S LICE  | ENSE NO.                                | OCCUPAT  | ION                                |  |
| DR.                       | OWNER (IF S                                  | AME AS DRIVER, WRIT   | DRESS<br>Unda                         | 11000 -               |                                   |                         | . Δν                            |   | IONE  | 205.   |   |  |                                    |  |
|                           | VEH YR J MAKE MODEL COLOR S                  |   |                                       |                       |                                   | TYLE STATE LICENSE      |                                 |   | PLATE NO.   |  | SERVICE                                 | 2 513-446-9251<br>RVICE VEH/PED DIR  |                                    |  |
|                           | CIRCLE<br>DAMAGE<br>AREAS                    | loyota  | 45                                    | DA                    | TAN MAGE SEVER                    |                         | DAMAGE SO                       | ALE   |   | HICLE DISPOSITI  |   | FROM FROM  | то                                 |  |
|                           | AREAS  | . (-(   |                                       | 10 UNDER CAR NON-FUNC |                                   |                         |                                 |   |   |  |   | NO FIRE  DENE   FIRE DUE TO CRASH  |                                    |  |
|                           | C FROM                                       | NAME (LAST, FIRST,  | 12 TRAI                               |                       | DISABLIN                          | G                       | THDATE                          | AGE   | <u> </u>  | TOWED  | JOSERIE                                 | OTHER F  | RE                                 |  |
|                           | UNIT<br>NO.                                  | ADDRESS   |                                       |                       |                                   | 100                     | D I v                           | SEX   |   | C D E  | - A E                                   | INJURIES C D   | E F                                |  |
| SECTION                   | D. FROM                                      | NAME (LAST, FIRST,  | BIRTHDATE AGE m D J y PHONE SEX       |                       |                                   |                         | I FATAL<br>2 SERIOUS VISIBLE    |   |   |  |   |  |                                    |  |
|                           | NO.  | ADDRESS   |                                       |                       |                                   |                         | 3 MIN<br>4 NO                   | 3 MINOR VISIBLE<br>4 NO VISIBLE INJURY<br>5 NOT INJURED |   |  |   |  |                                    |  |
|                           | E UNIT                                       | NAME (LAST, FIRST, MI)  |                                       |                       |                                   | BIRTHDATE AGE           |                                 | AGE   |   | <b>2 6</b> 7   | A IB                                    | CONDITIO   | N<br>\                             |  |
| ANT                       | J 0.   | ADDRESS   | · · · · · · · · · · · · · · · · · · · |                       |                                   | PHONE SEX               |                                 |   |   | LAPP   | I APPARENTLY NORMAL                     |  |                                    |  |
| OCCUPANT                  | FROM UNIT NO. NAME (LAST, FIRST, MI) ADDRESS |   |                                       |                       |                                   |                         | BIRTHDATE AGE M D D Y PHONE SEX |   |   |  |   | 2 SICK   |                                    |  |
| 8                         |  |   |                                       |                       |                                   |                         |                                 |   |   | STRAINTS   | 5 PHY<br>8 OTH<br>7 UNK                 | 4 APPARENTLY ASLEEP<br>5 PHYSICAL DEFECT<br>- 8 OTHER CONDITION<br>7 UNKNOWN |                                    |  |
|                           | A B C INJURED TAKEN TO By                    |   |                                       |                       |                                   |                         |                                 |   |   | A B C O E F  |   | ALCOHOL  | YES                                |  |
|                           | A B  | A B C INJURED TAKEN TO By   |                                       |                       |                                   |                         |                                 |   |   | I NOT USED<br>2 NONE AVAILABLE<br>3 LAP BELT USED                |   |  | NO<br>TESTED                       |  |
|                           |  | OFFENSE CHARGED AND DESCRIPTION   |                                       |                       |                                   |                         |                                 |   |   | ULDER BELT USE:<br>ER BELT USED<br>FETY SEAT<br>USED<br>REPORTED | I NO A                                  | ALCOHOL DETI<br>ABILITY IMPA   | CTED<br>IRED                       |  |
| OHO                       |  | A GRC OTTYORD.  OFFENSE CHARGED AND DESCRIPTION   |                                       |                       |                                   |                         |                                 |   |   |  | 3- HBC<br>4 HBC                         | ABILITY NOT<br>ABILITY UNK   | IMPAIRED<br>NOWN                   |  |
| ∢                         | O CITY ORD.                                  |   |                                       |                       |                                   |                         |                                 |   |   |  |   | DRUGS TESTED 0 YES   | TESTED YES                         |  |
| POLICE                    |  | RECEIVED DISPATCHED ARRIVED CLEARED OTHER TIME TOTAL MINUTES CALL 1922 1924 1943 1950 20 27 DATE REPORT FILED PHOTOS OFFICER'S NAME BADGE NO. TCHECKED BY |                                       |                       |                                   |                         |                                 |   |   | CTED   |   | □No  | □NO                                |  |
| _ [                       | m071019                                      | 07 1019 14 2016 KIND PH Todd # 116 116  |                                       |                       |                                   |                         |                                 |   | 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE 1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG |  |   |  | TED<br><b>D DRUG</b><br>J <b>G</b> |  |
|                           | State Ptl-012                                | 2/13/03   |                                       |                       |                                   |                         |                                 |   |   |  |   |  |                                    |  |